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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 03108/0202223-US0
Application Number	10/519,219-Conf. #7317	Filed May 13, 2005
For NOVEL TETRACYCLIC ARYLSULFONYL INDOLES HAVING SEROTONIN RECEPTOR AFFINITY USEFUL AS THERAPEUTIC AGENTS, PROCESS FOR THEIR PREPARATION AND PHARMACEUTICAL COMPOSITIONS CONTAINING THEM		
Art Unit	1626	Examiner L. L. Stockton
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>57,983</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 <u>Shilpa Patel</u> Signature		<u>March 10, 2008</u> Date
<u>Shilpa V. Patel</u> Typed or printed name		<u>(212) 527-7700</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		